Best Asylvia Giby Application or Docket Number											er
PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998 09/394712											
CLAIMS AS FILED - PART I (Column 1) (Column 2)							ALL E	NTITY	OR	OTHER 1	
FOR		NUMBER					TE	FEE		RATE	FEE
BASIC FEE								380.00	OR		760.00
TOTAL CLAIMS		80	minus 20=	•	X	9=		OR	X\$18=		
INDEPENDENT CLAIMS		4	minus 3 =	. /	×	39=	35	OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+1	30≖		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TAL	1119	OR	TOTAL	
CLAIMS AS AMENDED - PART II							tall i	ENTITY	OR	OTHER SMALL E	
ΑĦ	RE	DIUMN 1) ELAIMS MAINING AFTER		HIGHEST NUMBER PREVIOUSLY	(Column 3) PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total +	27	Vinus (PAID FOR	- 2	×	\$ 9=	9.00	OR	X\$18=	
	Independent a	() I	Minus	· 4	= /	×	40.	4000	OR	X78=	
₹	FIRST PRESENTAT	TON OF MU	LTIPLE DEPE	NDENT CLAIM		1	30=		OR	+260=	
							TOTAL	4900	OR	TOTAL ADDIT, FEE	
٨		-1 41		(Column 2)	(Column 3)	ADD	IT. FEE		•		
NT B	R	Olumn 1) CLAIMS EMAINING AFTER IENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total *	. 7	Minus	- 27		×	\$ 9=		OR	X\$18=	
MENDMENT	Independent *	3	Minus	5	=	,	(3 9=		OR	X78=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					1	130=		OR	+260=	
						L_ ADI	TOTAL		OR	TOTAL ADDIT, FEE	
		Saluma 45		(Column 2)	(Column 3)	ADL			-		
3 1	A	CLAIMS EMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENT	Total +	GENDMENT C	Minus	- 20			(\$ 9=		OR	X\$18=	
AMENDI	independent *	(0	Minus	*** 5	- /	;	(39=		OR	X78-	8600
M	FIRST PRESENTA	ATION OF MI	ULTIPLE DEP	ENDENT CLAIM	<u> </u>	」 - 	130=	1	OA	.000	;
.	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2."								OF	TOTAL	
	If the "Highest Number "If the "Highest Number The "Highest Number	r Previously P	ald For IN INIC	SPACE IS IONE IS		ADI	in the a			AUDII. PE	i i :

FORM PTO-875 (Rev. 11/98)